



ODOR COMPLAINT FORM

A – Name

Name

Telephone Number

Address

E-mail address

Signature

Date

B - General Where were you when you smelled the odor?

Location

Time

am/pm

Duration

hours

minutes

C – Intensity Rating

Check the appropriate boxes

Intensity Scale

Choose one

1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Faint		Light		Moderate		Strong	

D – Odor Description

Check the appropriate boxes

<input type="checkbox"/> Ammonia	<input type="checkbox"/> Chemical/Solvent
<input type="checkbox"/> Decaying Grass	<input type="checkbox"/> Burnt/Smoky
<input type="checkbox"/> Earthy/Moldy/Musty	<input type="checkbox"/> Rotten Egg
<input type="checkbox"/> Cabbage-like	<input type="checkbox"/> Fishy
<input type="checkbox"/> Turpentine	<input type="checkbox"/> Turpentine
<input type="checkbox"/> Sewer/Sewage-like	<input type="checkbox"/> Manure
<input type="checkbox"/> Woody	<input type="checkbox"/> Other _____

E – Weather Conditions

Check the appropriate boxes

<input type="checkbox"/> Sunny	<input type="checkbox"/> Calm	<input type="checkbox"/> Strong Wind (15+ mph)
<input type="checkbox"/> Overcast	<input type="checkbox"/> Light Breeze (1-5 mph)*	<input type="checkbox"/> Humid
<input type="checkbox"/> Temperature _____ °F	<input type="checkbox"/> Moderate Wind (5-15 mph)*	

*If you checked this box, please provide wind direction in check boxes below:

Wind Direction

Note direction wind is blowing from

<input type="checkbox"/> North	<input type="checkbox"/> Northeast	<input type="checkbox"/> East	<input type="checkbox"/> Southwest
<input type="checkbox"/> South	<input type="checkbox"/> Southeast	<input type="checkbox"/> West	<input type="checkbox"/> Northwest

F – Miscellaneous Notes

THUS DONE AND PASSED before me, Notary Public, and the undersigned competent witnesses, this ____ day of _____, 20____.

WITNESSES:

COMPLAINANT

NOTARY PUBLIC

**CITY OF SHREVEPORT
ODOR COMPLAINT FORM INSTRUCTIONS**

There are a couple of important issues to keep in mind as you complete the Form:

A – Name: Print your name, address, e-mail address (optional) and telephone number and also sign it when you are finished.

B – General: The “Location” refers to where you are when you smell the nuisance odor. That location is generally noted by the name of the nearest intersection, landmark or home address if you are at your house at the time.

C – Intensity:

- | | | |
|----|---------------------|--|
| 1. | Very Faint: | barely perceptible |
| 2. | Very Light: | may not be distinguishable |
| 3. | Light: | distinguished but not objectionable |
| 4. | Light-to-Moderate: | distinguishable and at times objectionable |
| 5. | Moderate: | objectionable/irritating |
| 6. | Moderate-to-Strong: | very distinct, pungent |
| 7. | Strong: | objectionable |
| 8. | Very Strong: | overpowering and intolerable |

E – Weather Conditions:

Wind speed can be defined by referring to the following description:

- | | |
|------------------|---|
| <i>Calm:</i> | Smoke rises vertically |
| <i>1-5 mph:</i> | Wind is felt on face; leaves rustle; ordinary wind vane is moved by wind |
| <i>5-15 mph:</i> | Leaves and twigs in constant motion; wind extends light flag; dust, loose paper, and small branches are moved |
| <i>15+ mph:</i> | Small leaf trees begin to swale; large branches in motion; whistling in phone/electrical wires |

Return the completed form to:	Department of Operational Services
	City of Shreveport
	505 Travis Street, Suite 580
	Shreveport, LA 71101